

## **Organization Assessment Checklist**

- [ ] Identify Levels of Service provided
- [ ] Calculate base rate for each level for each year of phase-in using the Ambulance GPCI (Physician Practical Expense factor).
- [ ] Review current billing rate to determine estimated effect (increase or decrease in revenue)
  - If current rates are lower than allowed fee, consider restructuring fee schedule
- [ ] Review collection rates/bad debts/claim denials
  - Contact intermediary to determine cause of claim denial, isolate primary causes
  - Review existing billing cycles; secondary billing procedures
- [ ] Review existing billing policies and procedures
  - Assess advantages versus cost of electronic billing if not currently using this method.
  - Are forms in use current?
  - Are claims submitted regularly?
  - What is the average claims processing time?
- [ ] Revise and update billing policies and procedures to address fee schedule requirements
- [ ] Assess knowledge and experience of current billing personnel
  - Are personnel knowledgeable regarding whom to contact for questions?
  - Is correct contact information for questions to insurance carriers available?
- [ ] Consider advantages of billing service
  - If currently using a billing service, contact and discuss their actions regarding the fee schedule
    - What changes are required in the current submission practices of the organization?
    - Will they provide training to organization personnel?
- [ ] Assess current knowledge level of personnel regarding billing requirements

[ ] Arrange for training officer to conduct training of personnel

- CMS Training Manual
- Intermediary-provided training

[ ] Assure resources are available to all personnel

- HCPCS Codes
- Zip codes, etc.